

Winter Address:  
PO Box 201  
Granite Springs, NY 10527  
p: 914-214-8780  
f: 914-245-1683  
scott@southwoods.com



Summer Address:  
532 NYS Route 74  
Paradox, NY 12858  
p: 518-532-7717  
f: 518-532-0266  
scott@southwoods.com

*Southwoods*  
**2010 S'MORE CAMP**

Operated by Southwoods Recreation, Inc.  
Andrea & Scott Ralls  
Owners/Directors

I hereby agree to enroll my child as a S'More Camp camper for the dates listed below, subject to the terms on this page.  
I agree to pay the tuition of \$475 with this registration. \$100 is non-refundable after May 1st.

**Dates:**

Friday, July 30th - Monday, August 2nd, 2010

**CAMPER NAME** \_\_\_\_\_ **CAMPER E-MAIL ADDRESS** \_\_\_\_\_  
**DATE OF BIRTH** \_\_\_\_\_ **PRESENT GRADE** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Summer Telephone \_\_\_\_\_  
Summer Home Address \_\_\_\_\_

**Parent 1 Name** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Profession & Title** \_\_\_\_\_ **Telephone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Parent 2 Name** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Profession & Title** \_\_\_\_\_ **Telephone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Transportation Pick-Up Location: NYC \_\_\_ Westchester \_\_\_ NJ/Rockland \_\_\_ Drop Off at Camp \_\_\_

Transportation Drop-Off Location: NYC \_\_\_ Westchester \_\_\_ NJ/Rockland \_\_\_ Pick Up From Camp \_\_\_

**PARENTS:** I give permission for my son/ daughter listed above to participate in the S'MORE CAMP program. I understand that Camp Southwoods cannot be responsible for the theft of or damage to personal property, or injury. In case of emergency or illness, Scott and Andrea Ralls have my permission to secure any emergency medical care deemed necessary by a licensed physician for my child. In the event that I cannot be immediately contacted, this form serves as my **FULL CONSENT FOR TREATMENT**. I understand that there are risks involved in being at camp and that injuries can result. I fully accept these risks for my child. I hereby release Camp Southwoods, its owners, agents, and employees from any and all liability for damage or loss of property or injury to my child, and accept for myself and my child the full responsibility for any and all such damages, loss or injury which may result.

**PARENT SIGNATURE:** \_\_\_\_\_

**A PARENT SIGNATURE IS REQUIRED ON THIS FORM AGREEING TO THE ABOVE STATEMENTS AND FOR MEDICAL AUTHORIZATION.**

**FOR CREDIT CARD PAYMENT ONLY**

**Please charge my AMEX/ Visa/Mastercard (circle one) for the amount listed above.**

**Credit Card #** \_\_\_\_\_ **Expiration** \_\_\_\_\_

**Signature** \_\_\_\_\_

